

# Psychiatric Beds Workgroup

## Subcommittee #2 (Charges 4 & 5) Report

# Participants

- Diane Henneman, UHS
- Ken Deighton, McLaren
- Sean Gehle, Trinity
- Bibhas Singla, Pine Rest
- Bob Nykamp, Pine Rest
- Carey Mull, Mercy Health
- Scott Miles, Cedar Creek Hospital
- Jill Krause, Forest View
- Phyllis Adams, Dykema
- Steve Szelag, University of Michigan
- Adam Hamilton, Oakland Community Health Network
- Bret Jackson, Economic Alliance for Michigan
- Harriet Bird, Spectrum Health
- Heather Treib, Pine Rest
- Jamie Zaniewski, Dykema
- Jenifer Nyhuis, Havenwyck
- Jenny Groseclose, Munson
- Chris Struve, Ascension
- Carey Krause, Mercy Health
- Marlena Hendershot, Sparrow
- Nasuh Malas, University of Michigan
- Natalia Szczygiel, Spectrum
- Tom Stankewicz, Mercy Health
- Dave Walker, Spectrum
- Melissa Reitz, RWC Advocacy
- Harmony Gould, Pine Rest
- Nancy List, McLaren
- Terri Lacroix-Kelty, Munson
- Vasilis Pozios, Oakland Community Health Network
- Stacy Leick, Economic Alliance for Michigan
- Dan Roper, Mercy Health
- Akyua Scott, Oakland Community Health Network
- Mark Eastburg, Pine Rest
- Bill Sanders, Pine Rest
- Gretchen Johnson, Pine Rest
- Adam Ali, University of Michigan

# Subgroup Meetings

October 28, 2021

November 9, 2021

November 18, 2021

December 3, 2021

December 9, 2021

December 17, 2021

Charge 4: Review adding restrictions for high occupancy beds, like hospital beds, not allowing relocation of beds for a period of years.

# Charge 4: No Consensus Reached

## Arguments in Favor of Making Change:

- Many participants expressed support for adding language similar to hospital beds and/or nursing home beds standards but with a 3 year limitation rather than 5 years (hospital beds) or 2 years (nursing home beds) as a compromise between the two (see Appendix D & E for options considered).
- These participants felt that the high occupancy provisions in the standards are designed as an exception to the bed need methodology and should be limited in use to the facility meeting the provisions.
- They also felt that allowing for beds to be relocated from a facility in order to create high occupancy or to shuffle beds to another facility that can't get them themselves jeopardizes the integrity of the CON program.

# Charge 4: No Consensus Reached

## Arguments Against Making Change:

- Some participants felt adding a restriction would limit flexibility which is more important for psychiatric beds than hospital beds or nursing home beds, citing the fact that the high occupancy provision has been used much more frequently for psychiatric services than the others to help alleviate unpredicted demand.
- They felt limiting flexibility to use high occupancy beds as a “safety valve” in the event of unpredicted demand would not be viewed in a favorable light by legislators who are already contemplating deregulating inpatient psychiatric beds from the CON program.
- This group felt that there would be no incentive for a heavily utilized facility to relocate beds to an under-utilized facility and since the relocation of beds is limited to the planning area, the beds would be available to the same population at either location and suggested the possibility of requiring the recipient hospital to meet certain occupancy thresholds as an additional guardrail.

# Charge 4: No Consensus Reached

- At our last meeting there did appear to be some interest in further compromise by including the 3 year restriction but allowing for a shorter (12 month) limitation if the applicant could show that the facility having received the relocated beds was also operating at high occupancy even with the relocated beds.
- Group agreed to solicit feedback from MDHHS and the broader workgroup before proceeding further.

Charge 5: Review the comparative review criteria related to Medicaid participation [Section 11(3)(d)] to address unintended inequities caused by the large variation in Medicaid population in the various Health Service Areas (HSA's) developed within the standards.



# Charge 5: No Consensus Reached

4 areas were explored:

1. Medicaid Cost Report versus an Alternative
2. Most Recently Reviewed & Accepted Report versus Most Recently Submitted
3. Submit Full Medicaid Cost Report versus Full Electronic w/ Paper Excerpt
4. Which facilities' Medicaid participation should be measured

# Charge 5: Item 1 Medicaid Cost Report versus Alternative

- The Medicaid Cost Report is more than 200 pages long and finding the Medicaid Patient Days, Healthy Michigan Plan Patient Days, and Total Patient Days within this report can be challenging.
- The subgroup considered whether the Medicaid Cost Report should continue to be used as the documentation to show Medicaid participation.
- An alternative was shared and discussed – the Quarterly Psychiatric HRA PIHP Directed Payment Instruction Report
- After much discussion and debate, the group ultimately decided to retain the Medicaid Cost Report as it seems to still be the most dependable source, but looked at other ways of making this resource more current and more submission friendly (see items 2 & 3)

# Charge 5: Item 2 Most Recently Reviewed & Accepted Report versus Most Recently Submitted

- A change was made to how Medicaid Cost Reports are submitted and audited, resulting in a back log of reports with none being reviewed and accepted since 2018 (at the moment)
- In order to ensure that Comparative Reviews are being made based on more current information, the group agreed to recommend allowing for the submission of the most recently submitted Medicaid Cost Report rather than the Most Recently Reviewed and Accepted report.

# Charge 5: Item 3 Submit Full Medicaid Cost Report versus Full Electronic w/ Paper Excerpt

- As noted, the full Medicaid Cost Report, when printed, is over 200 pages, with just 1 or 2 of those pages containing the relevant information required for comparative review.
- Based on initial feedback from MDHHS, the subgroup is recommending that only an excerpt of the relevant pages of the report be included in the paper application with the full report being submitted electronically.

# Charge 5: Item 4 Which facilities' Medicaid participation should be measured

- The current standards require inclusion of all facilities with common ownership or control of the applicant located within the State of Michigan to include their Medicaid volumes.
- The group discussed whether an applicant should use Medicaid volumes at a facility located in another part of the State as part of an application for beds in a different part of the State.
- Some participants felt that because facilities take patients from all over the State, the language should be left alone.
- The group reviewed PIHP Medicaid and Healthy Michigan Plan payment data showing that with very few exceptions, 75% of Medicaid patients receive treatment in their home PIHP (see Appendix A)
- Some also suggested changing the “common ownership or control” language to specify facilities under the same Corporate ID

# Charge 5: No Consensus Reached

- After much discussion and debate, the group could not come to consensus regarding an overall recommendation.
- Language was presented (see Appendix B) that would propose the following changes:
  1. Retain use of the Medicaid Cost Report as the required documentation
  2. Require submission of the Most Recently Submitted Medicaid Cost Report
  3. Require submission of the full Medicaid Cost Report Electronically but require submission of only the relevant excerpts in the paper application
  4. Require submission of the Medicaid Cost Report for those facilities with common ownership or control of the applicant and located within the same planning area as the applicant facility.

# Charge 5: No Consensus Reached

- Because of the lack of consensus, a vote was taken on the presented language at the December 9, 2021 subgroup meeting
- 15 individuals voted in favor; 9 individuals voted in opposition; 2 individuals abstained
- 8 organizations voted in favor; 3 organizations voted in opposition; 2 organizations abstained
- See Appendix C for Vote Details

APPENDIX A																				
Facility No.	Hospital Name	Home PIHP Region	Medicare Number	01-Northcare		02-Northern		03-Lakeshore		04-Southwest		05-Mid-State		06-Southeast		7/8/9 Combined		10-Region 10		Total
				Units	% of Total	Units	% of Total	Units	% of Total	Units	% of Total	Units	% of Total	Units	% of Total	Units	% of Total	Units	% of Total	Units
170020	War Memorial Hospital		1 23-0239	852	49%	834	48%	28	2%	0	0%	40	2%	0	0%	0	0%	0	0%	1,754
520050	UP Health System - Marquette		1 23-0054	2,230	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2,230
40010	MidMichigan Medical Center - Alpena		2 23-0036	6	1%	1,027	92%	0	0%	16	1%	28	3%	0	0%	43	4%	0	0%	1,120
280010	Munson Medical Center		2 23-0097	17	1%	2,261	98%	6	0%	18	1%	7	0%	0	0%	0	0%	0	0%	2,309
700020	Holland Hospital		3 23-0072	0	0%	0	0%	1,409	98%	26	2%	0	0%	0	0%	0	0%	0	0%	1,435
410080	Mercy Health Saint Mary's		3 23-0059	0	0%	11	0%	2,659	85%	89	3%	341	11%	26	1%	0	0%	11	0%	3,137
610010	Mercy Health Muskegon		3 23-0066	0	0%	108	3%	3,718	90%	13	0%	290	7%	0	0%	0	0%	0	0%	4,129
412510	Forest View Psychiatric Hospital		3 23-4030	170	1%	1,312	10%	6,432	49%	1,951	15%	2,671	20%	51	0%	207	2%	406	3%	13,200
412530	Pine Rest Christian Mental Health Services		3 23-4006	118	1%	1,124	6%	11,398	63%	2,118	12%	3,076	17%	45	0%	45	0%	41	0%	17,965
800041	Bronson Lakeview Hospital		4 23-1332	0	0%	0	0%	0	0%	45	100%	0	0%	0	0%	0	0%	0	0%	45
130080	Oaklawn Hospital		4 23-0217	0	0%	6	1%	3	0%	1,036	89%	107	9%	10	1%	0	0%	0	0%	1,162
390010	Borgess Medical Center		4 23-0117	17	1%	0	0%	148	8%	1,683	91%	5	0%	0	0%	0	0%	0	0%	1,853
130031	Bronson Battle Creek Hospital		4 23-0075	0	0%	0	0%	12	1%	1,682	90%	37	2%	0	0%	138	7%	0	0%	1,869
120010	ProMedica Coldwater Regional Hospital		4 23-0022	0	0%	0	0%	0	0%	1,462	78%	77	4%	341	18%	0	0%	0	0%	1,880
110050	Lakeland Medical Center, St. Joseph		4 23-0021	0	0%	0	0%	48	2%	1,998	96%	32	2%	0	0%	0	0%	0	0%	2,078
330020	McLaren Greater Lansing		5 23-0167	0	0%	13	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	13
790032	McLaren Caro Region		5 23-1329	0	0%	0	0%	0	0%	0	0%	40	100%	0	0%	0	0%	0	0%	40
300010	Hillsdale Hospital		5 23-0037	0	0%	0	0%	0	0%	196	15%	541	42%	356	28%	185	14%	0	0%	1,278
330060	Sparrow Hospital		5 23-0230	6	0%	12	1%	0	0%	46	3%	1,293	88%	92	6%	14	1%	0	0%	1,463
780010	Memorial Healthcare		5 23-0121	0	0%	4	0%	29	2%	6	0%	1,188	66%	351	20%	0	0%	216	12%	1,794
560020	MidMichigan Medical Center - Midland		5 23-0222	13	1%	89	5%	8	0%	0	0%	1,689	90%	0	0%	4	0%	69	4%	1,872
380010	Henry Ford Allegiance Health		5 23-0092	0	0%	0	0%	0	0%	25	1%	1,991	94%	109	5%	0	0%	0	0%	2,125
290010	MidMichigan Medical Center - Gratiot		5 23-0030	0	0%	112	5%	52	2%	0	0%	2,147	88%	92	4%	0	0%	32	1%	2,435
90020	McLaren Bay Region		5 23-0041	0	0%	290	6%	3	0%	4	0%	4,670	93%	0	0%	0	0%	51	1%	5,018
192001	Cedar Creek		5 23-4043	45	1%	528	9%	730	13%	700	12%	2,382	42%	726	13%	308	5%	289	5%	5,708
730060	HealthSource Saginaw		5 23-0275	32	0%	721	8%	370	4%	311	3%	6,839	72%	96	1%	17	0%	1,134	12%	9,520
810080	St. Joseph Mercy Chelsea		6 23-0259	0	0%	6	1%	0	0%	0	0%	155	14%	959	86%	0	0%	0	0%	1,120
810030	St. Joseph Mercy Ann Arbor		6 23-0156	17	1%	0	0%	0	0%	0	0%	14	1%	1,493	98%	2	0%	0	0%	1,526
580030	Promedica Monroe Regional Hospital		6 23-0099	0	0%	0	0%	0	0%	0	0%	3	0%	1,832	99%	0	0%	8	0%	1,843
810060	University of Michigan Health System		6 23-0046	18	1%	133	6%	14	1%	0	0%	129	5%	1,747	72%	293	12%	83	3%	2,417
820070	Garden City Hospital		7 23-0244	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0
830420	St. John Hospital & Medical Center		7 23-0165	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1255	96%	46	4%	1,301
820250	Beaumont Hospital, Taylor		7 23-0270	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2097	100%	0	0%	2,097
830500	DMC Detroit Receiving Hospital and University Health Center		7 23-0273	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2989	100%	0	0%	2,989
820190	St. Mary Mercy Livonia		7 23-0002	0	0%	25	1%	0	0%	0	0%	0	0%	57	2%	2930	97%	0	0%	3,012
820230	Henry Ford Wyandotte Hospital		7 23-0146	0	0%	0	0%	0	0%	0	0%	4	0%	122	4%	2983	95%	28	1%	3,137
830450	DMC Sinai-Grace Hospital		7 23-0024	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	3759	100%	0	0%	3,759
832628	Samaritan Behavioral Center		7 23-4040	0	0%	18	0%	0	0%	0	0%	1,475	17%	194	2%	6707	79%	61	1%	8,455
830150	Doctors' Hospital of Michigan		7 23-0013	10	0%	21	0%	23	0%	0	0%	0	0%	107	1%	10309	98%	0	0%	10,470
832633	StoneCrest Center		7 23-4038	120	0%	1,156	3%	1,170	3%	1,258	4%	5,344	15%	686	2%	24272	68%	1,493	4%	35,499
630030	Beaumont Hospital, Royal Oak		8 23-0130	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	17	100%	0	0%	17
630070	Crittenton Hospital Medical Center		8 23-0254	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1112	96%	42	4%	1,154
630140	St. Joseph Mercy Oakland		8 23-0029	20	1%	0	0%	0	0%	0	0%	0	0%	0	0%	1681	99%	0	0%	1,701
630120	McLaren Oakland		8 23-0207	0	0%	0	0%	0	0%	0	0%	32	2%	0	0%	1861	97%	22	1%	1,915
630130	Providence Hospital		8 23-0019	0	0%	0	0%	0	0%	0	0%	0	0%	10	0%	2015	100%	0	0%	2,025
632510	Henry Ford Kingswood Hospital		8 23-4011	16	0%	22	0%	0	0%	9	0%	931	8%	99	1%	10285	91%	0	0%	11,362
632530	Havenwyck Hospital		8 23-4023	85	0%	653	2%	785	3%	634	2%	2,441	8%	1,299	4%	20637	70%	2,950	10%	29,484
502629	The Behavioral Center of Michigan		9 23-4042	0	0%	1	0%	0	0%	0	0%	22	1%	61	1%	4250	98%	4	0%	4,338
502628	St. John Macomb-Oakland Hospital		9 23-0195	0	0%	5	0%	0	0%	0	0%	0	0%	0	0%	4405	99%	18	0%	4,428
500110	Henry Ford Macomb Hospital		9 23-0047	0	0%	0	0%	0	0%	0	0%	0	0%	6	0%	4725	98%	82	2%	4,813
502530	Harbor Oaks Hospital - New Baltimore		9 23-4021	88	0%	200	1%	259	1%	406	2%	1,444	7%	695	3%	15968	77%	1,601	8%	20,661
440010	McLaren Lapeer Region		10 23-0193	0	0%	0	0%	0	0%	0	0%	233	18%	0	0%	17	1%	1,052	81%	1,302
740020	McLaren Port Huron		10 23-0216	0	0%	10	0%	0	0%	0	0%	11	0%	0	0%	3	0%	3,001	99%	3,025
250050	McLaren Flint		10 23-0141	0	0%	34	1%	0	0%	0	0%	124	4%	68	2%	5	0%	2,919	93%	3,150
250040	Hurley Medical Center		10 23-0132	0	0%	0	0%	0	0%	0	0%	151	3%	48	1%	17	0%	5,226	96%	5,442



# APPENDIX B

## CHARGE 5 PROPOSED LANGUAGE

(d) A qualifying project will have points awarded based on the ranking of the applicant's Medicaid days as measured as a percentage of total days as set forth in the following table. For purposes of scoring, the applicant's Medicaid percentage will be the cumulative of all Title XIX and Healthy Michigan PLAN inpatient psychiatric days divided by the cumulative of all inpatient psychiatric days at all currently licensed Michigan hospitals under common ownership or control with the applicant AND THAT ARE LOCATED IN THE SAME HEALTH SERVICE AREA AS THE PROPOSED INPATIENT PSYCHIATRIC BEDS. For purposes of evaluating this criterion, an applicant shall submit ELECTRONICALLY the most recent ~~reviewed and accepted~~ SUBMITTED Medicaid cost report for each currently licensed hospital under common ownership or control in THE SAME HEALTH SERVICE AREA AS THE PROPOSED INPATIENT PSYCHIATRIC BEDS ALONG WITH AN EXCERPT OF THE REPORT SHOWING THE TITLE XIX AND HEALTH MICHIGAN PLAN PATIENT DAYS WITH THEIR PAPER APPLICATION.

MEDICAID DAYS	POINTS AWARDED
Applicant with highest percent of Medicaid days	10 points
All other applicants	Applicant's percent of Medicaid days divided by the highest applicant's percent of Medicaid days, then multiplied by 10
EXAMPLE BELOW	
The highest applicant has 58.3% Medicaid days	10 points
Applicant with 55.3% Medicaid days	$(.553 / .583) \times 10 = 9$ points
Applicant with 51.3% Medicaid days	$(.513 / .583) \times 10 = 9$ points

Percentages of days shall be rounded to the nearest 1/1000 and points awarded shall be rounded to the nearest whole number, i.e., numbers ending in .5 or higher, round up, and numbers ending in .4 or lower, round down.

## APPENDIX C

Name/Email	Organization	Vote
Christopher.struve@ascension.org	Ascension	Yes (via email - joined meeting late)
scott.miles@uhsinc.com	UHS	No
pdadams@dykema.com	Dykema	No
JZaniewski@dykema.com	Dykema	No
bretjackson@eamonline.org	Economic Alliance for Michigan	yes
Jenifer.Nyhuis@uhsinc.com	UHS	No
ken.deighton@mclaren.org	McLaren	yes
mullc@mercyhealth.com	Mercy Health	No
Stankewt@mercyhealth.com	Mercy Health	No
Daniel.Roper@mercyhealth.com	Mercy Health	No
jgroseclose@mhc.net	Munson Healthcare	yes
poziosv@oaklandchn.org	Oakland Community Health Network	Abstained
Heather.Treib@PineRest.org	Pine Rest	yes
Bob.Nykamp@PineRest.org	Pine Rest	yes
Bibhas.Singla@pinerest.org	Pine Rest	yes
Kyle Hoffmaster	Pine Rest	Yes
Bill Sanders	Pine Rest	Yes
Huegel, Lori Anne	Pine Rest	Yes
Melissa Reitz (formerly Cupp)	RWC Advocacy	yes
marlena.hendershot@sparrow.org	Sparrow	yes
David.WalkerII@spectrumhealth.org	Spectrum Health	yes
Harriet.Bird@spectrumhealth.org	Spectrum Health	Yes
Natalia.Szczygiel@spectrumhealth.org	Spectrum Health	yes
Jill.Krause@uhsinc.com	UHS	No
Diane.Henneman@uhsinc.com	UHS	No
sszelag@umich.edu	University of Michigan	Abstained

# APPENDIX D

## CHARGE 4 PROPOSED LANGUAGE Based on Hospital Bed Provision

Amend Section 8(3) to read as follows:

- (3) An applicant may apply for the addition of new beds if all of the following subsections are met. Further, an applicant proposing new beds at an existing licensed psychiatric hospital or unit site shall not be required to be in compliance with the needed psychiatric hospital bed supply if the application meets all other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements.
- (a) The number of existing adult or child/adolescent psychiatric beds (TO BE MEASURED SEPARATELY) in the planning area is equal to or exceeds the bed need.
  - (b) The beds are being added at the existing licensed site.
  - (c) The average occupancy rate for the applicant's facility (ADULT OR CHILD/ADOLESCENT SPECIFIC) was at least 75% for facilities with 19 beds or less and 80% for facilities with 20 beds or more, as applicable, during the most recent, consecutive 12- month period, as of the date of the submission of the application, for which verifiable data are available to the Department.
    - (i) For a facility with flex beds,
    - (A) calculate the average occupancy rate as follows:
      - (1) For adult beds:
        - (a) Adult bed days are the number of licensed adult beds multiplied by the number of days they were licensed during the most recent consecutive 12- month period.
        - (b) Flex bed days are the number of licensed flex beds multiplied by the number of days the beds were used to serve a child/ adolescent patient. (c) Subtract the flex bed days from the adult bed days and divide the adult patient days of care by this number, then multiply the result by 100.
      - (2) For child/adolescent beds:
        - (a) Child/adolescent bed days are the number of licensed child/adolescent beds multiplied by the number of days they were licensed during the most recent 12- month period.
        - (b) Flex bed days are the number of licensed flex beds multiplied by the number of days the beds were used to serve a child/ adolescent patient. (c) Add the flex bed days to the child/adolescent bed days and divide the child/adolescent patient days of care by this number, then multiply the result by 100.
  - (d) The number of beds to be added shall not exceed the results of the following formula:
    - (i) Multiply the facility's average daily census for the most recent, consecutive 12-month period, as of the date of the submission of the application, for which verifiable data are available to the Department by 1.5 for adult beds and 1.7 for child/adolescent beds.
    - (ii) Subtract the number of currently licensed beds from the number calculated in
    - (iii) above. This is the maximum number of beds that may be approved pursuant to this subsection.
  - (E) A LICENSED INPATIENT PSYCHIATRIC HOSPITAL THAT HAS RELOCATED THE SAME TYPE OF BEDS BEING REQUESTED, AFTER THE EFFECTIVE DATE OF THESE STANDARDS, SHALL NOT BE APPROVED FOR INPATIENT PSYCHIATRIC BEDS UNDER THIS SUBSECTION FOR THREE YEARS FROM THE EFFECTIVE DATE OF THE RELOCATION OF BEDS.
  - (F) APPLICANTS PROPOSING TO ADD NEW INPATIENT PSYCHIATRIC BEDS UNDER THIS SUBSECTION SHALL NOT BE SUBJECT TO COMPARATIVE REVIEW.

# APPENDIX E

## CHARGE 4 PROPOSED LANGUAGE Alternative Option

Section 7. Requirements for approval of an applicant proposing to relocate existing licensed inpatient psychiatric beds

Sec. 7. (1) The proposed project to relocate beds, under this section, shall constitute a change in bed capacity under Section 1(3) of these standards.

(2) Any existing licensed inpatient psychiatric hospital or unit may relocate all or a portion of its beds to another existing licensed inpatient psychiatric hospital or unit located within the same planning area.

(3) The inpatient psychiatric hospital or unit from which the beds are being relocated, and the inpatient psychiatric hospital or unit receiving the beds, shall not require any ownership relationship.

(4) The relocated beds shall be licensed to the receiving inpatient psychiatric hospital or unit and will be counted in the inventory for the applicable planning area.

(5) The relocation of beds under this section shall not be subject to a mileage limitation.

(6) The relocation of beds under this section shall not result in initiation of a new adult or child/adolescent service except for an existing adult inpatient psychiatric service requesting to initiate a child/adolescent inpatient psychiatric service in an overbedded child/adolescent planning area pursuant to Section 8(11).

(7) The applicant shall comply with the following requirements, as applicable:

(a) The source psychiatric hospital or unit shall have an average occupancy rate of at least 60% for adult beds and 40% for child/adolescent beds.

(b) If the source psychiatric hospital or unit does not have an average occupancy rate of at least 60% for adult beds and 40% for child/adolescent beds, then the source psychiatric hospital or unit shall reduce the appropriate number of licensed beds to achieve an average occupancy rate of at least 60% for adult beds and 40% for child/adolescent beds upon completion of the relocation(s). The source psychiatric hospital or unit shall not exceed the number of beds calculated as follows:

(i) For adult beds, as of the date of the application, calculate the number of patient days during the most recent, consecutive 36-month period where verifiable data is available to the Department, and divide by .60.

(ii) Divide the result of subsection (i) above by 1095 (or 1096 if the 36-month period includes a leap year) and round up to the next whole number or 10, whichever is larger. This is the maximum number of beds that can be licensed at the source psychiatric hospital or unit site after the relocation.

(iii) For child/adolescent beds, as of the date of the application, calculate the number of patient days during the most recent, consecutive 36-month period where verifiable data is available to the Department, and divide by .40.

(iv) Divide the result of subsection (iii) above by 1095 (or 1096 if the 36-month period includes a leap year) and round up to the next whole number or 10, whichever is larger. This is the maximum number of beds that can be licensed at the source psychiatric hospital or unit site after the relocation.

(8) A source hospital shall apply for multiple relocations on the same application date, and the applications can be combined to meet the criteria of (7)(b) above. A separate application shall be submitted for each proposed relocation.

(9) IF BEDS HAVE BEEN ADDED PURSUANT TO SECTION 8(3), THE APPLICANT FACILITY SHALL NOT RELOCATE ANY BEDS OF THE SAME BED TYPE AS THOSE ADDED FROM THE FACILITY FOLLOWING CON APPROVAL AND FOR AT LEAST 36 MONTHS FROM THE LICENSURE OF THE NEW BEDS AT THE FACILITY.